



Public Transportation Systems Account (PTSA)

Construction Prospectus

General Information	
Lead Agency	
Project Name & Termini or Program	
Contact Person	Telephone Number
Description of Proposed Improvements	
<ul style="list-style-type: none"> • Attach a legible vicinity map showing the project location. • Attach a sketch of the proposed improvements. • Attach a copy of the page that the project appears upon from the current agency-approved Transportation Improvement Program and / or Transportation Plan, and/or Transit Plan. This project must be included in the approved Transportation Improvement Program and/or approved Transportation Plan, and/or approved Transit Plan. • Describe the type of work planned for this project in the space below. How will it improve the existing conditions. If necessary, attach additional sheets. 	
Empty space for project description	

**Construction Prospectus****Project Cost Estimate**

When completing the Project Cost Estimate, round all figures to the nearest dollar

PREDESIGN PHASE <small>(Complete only if Pre-design Phase was approved by the TIB)</small>	Planning	Environmental Study	Design Study	Total Pre-design Cost
DESIGN PHASE	Special Studies ¹	Contract Preparation	Right of Way/Land Purchase	Total Design Cost
CONSTRUCTION / IMPLEMENTATION	Contract Amount ⁴	Other ²	Contract Administration	Total Construction Cost
Total Project Cost				

1. Value Engineering, Environmental, or Other Special Studies.
2. Work performed by the local agency's own forces, and/or negotiated contracts with Utilities & Railroads *(Describe)*.
3. Use Local Matching Ratio used in the grant application. If the Total Project Cost has increased, use the Local Match Funds.
4. The amount of the construction contract or vendor agreement will cost. Includes Operations, Implementation, Capital construction, etc. Provide a cost estimate breakdown of contract items of work, operations, and implementation.

- A. TOTAL ENGINEERING (Contract Preparation + Contract Administration) _____
- B. MAXIMUM ELIGIBLE ENGINEERING (25% x Contract Amount)..... _____
- C. NON-ELIGIBLE ENGINEERING COSTS (A - B) (If less than 0, enter 0) _____
- D. TOTAL ELIGIBLE PROJECT COSTS (Total Project Cost - C)..... _____
- E. LOCAL MATCHING FUNDS [(Local Matching Ratio³ x D) + C]..... _____
- F. PTSA FUNDS (Total Project Cost - E) _____
- G. PTSA FUNDS LISTED WHEN PROJECT WAS SELECTED FOR FUNDING..... _____
- H. BALANCE (G-F) (Surplus is +, Deficit is -) _____

**Construction Prospectus****Construction Phase Increase Worksheet**

COMPLETE THIS FORM ONLY IF THE TOTAL PROJECT COST HAS INCREASED

When completing the Increase worksheet, round all figures to the nearest dollar

- A. Application Total Project Cost
- B. Application Total PTSA Funds
- C. Application PTSA Matching Ratio $\left(\frac{B}{A}\right)$
- D. Design Phase Total Project Cost.....
- E. Design Phase Total Eligible Project Cost
- F. Eligible Project Cost Increase $(E-A)$
- G. Eligible Project Percent Increase $\left(\frac{F}{A} \times 100\right)$
- H. Increase Factor $\left(1.0 - \frac{G}{100}\right)$ Minimum=0.5.....
- I. **Total Allowable PTSA Increase** $(C \times F \times H)$
- J. Increase Allowed at Design Phase Approval
- K. Balance $(J - I)$
- L. Increase Requested for Construction Phase
- M. Total **PTSA** Funds $(B+I)$
- N. Total Local Funds $(D-M)$ (Enter this amount on page 2, line E)
- O. Local Matching Ratio $\left(\frac{N}{D}\right)$
- P. **PTSA** Matching Ratio $\left(\frac{M}{D}\right)$

Request is submitted for an increase of \$ _____ in PTSA Funds.
(Attach an explanation for the increase)

If the increase in PTSA funds is more than \$300,000 or 10% above the total PTSA funds requested in the design prospectus, or an aggregate total of \$450,000 or 15% above the total PTSA funds requested in the application, a TIB committee must review the increase prior to design phase approval.

**Construction Prospectus****Project Funding Analysis**

- Round all figures to the nearest dollar.
- Use ACTUAL predesign Phase Funds and design phase funds when calculating Estimated Total Project Cost.
- Shaded Areas are for TIB Use Only.

Predesign Phase Cost

	Planning PTSA Funds	Environmental Study PTSA Funds	Design Study PTSA Funds	Total Predesign PTSA Funds	Predesign Local Funds	Total Predesign Cost (PTSA & Local)
APPROVED						
ACTUAL REQUIRED						

Design Phase Cost

	Special Studies PTSA Funds	Contract Preparation PTSA Funds	Right of Way/Land Purchase PTSA Funds	Total Design PTSA Funds	Design Local Funds	Total Design Cost (PTSA & Local)
APPROVED						
ACTUAL REQUIRED						

Estimated Construction Phase Cost

	Construction Contract PTSA Funds	Construction Other PTSA Funds	Contract Administration PTSA Funds	Total Construction PTSA Funds	Construction Local Funds	Total Construction Cost
ESTIMATED						

Estimated Total Project Cost

	Total Predesign PTSA Funds	Total Design PTSA funds	Total Construction PTSA Funds	Total Project PTSA Funds	Total Local Funds	Total Project Cost (PTSA & Local)
Actual						
Estimated						



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Funding Sources		
Local match is considered to be eligible in-kind contributions and all funds other than PTSA funds. The local matching ratio may not be less than that shown in the grant application. List all funding sources, private or public entity, and the amount of funds pledged.		
Source	Private or Public	Amount of Funds
TOTAL LOCAL MATCHING FUNDS		\$
List all agencies and/or private groups involved in the project. Describe their involvement.		



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Agency Certification

Certification is hereby given that Local and/or Private Matching Funds and Other Funds associated with the Construction/Implementation Phase Project are available to coordinate with the proposed project development

☐ YES

☐ NO

If the project is within a non-attainment area, the Lead Agency certifies compliance with all requirements of the State and Federal Clean Air Acts.

The Agency certifies that the project is consistent with Growth Management Act, High Capacity Transportation Act, Commute Trip Reduction Law, Transportation Demand Management Programs, Americans with Disabilities Act and Washington State Accessibility requirements, where applicable.

This Project has been reviewed by the Legislative Body of the Administering Agency or its designee, and is consistent with the Agency Comprehensive Plan for Community Development.

Lead Agency

Signature of Mayor /Director

Date Signed